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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>Met after Allowance</i>	JAPAN	DRAWING 17	19	2
Verified and Acknowledged	<i>mark</i>	<i>Examiner's Signature</i>	<i>Initials</i>		

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TITLE

Health care system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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